

CERTIFICATE OF DEATH

3806
1472

BIRTH NO.

REGISTRAR'S NO.
(WHERE DECEASED LIVED,
IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
B. COUNTY

1 OF DEATH AND 29 RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA		2. USUAL RESIDENCE A. STATE		
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION 3109 3. VanBuren(rear)				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS		
CEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) Unidentified body			4. SEX Fe.	5. COLOR OR RACE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH DAY YEAR	8. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVER IF RETIRED)
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. CITIZEN OF WHAT COUNTRY?	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO.	
559	14A. FATHER'S NAME		14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME		
	16. INFORMANT'S SIGNATURE		ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) (Found) 5. 4 1959		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Under investigation ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION			INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [HEREBY CERTIFY THAT] I EXAMINED THE BODY OF THE DECEASED AND THAT DEATH OCCURRED [DATE] FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
	22A. SIGNATURE <i>[Signature]</i>		22B. ADDRESS MARICOPA COUNTY		22C. DATE SIGNED 5-5-59		
	MEDICAL EXAMINER						
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
	24A. CORONER'S SIGNATURE <i>[Signature]</i>		24B. ADDRESS 15700 2nd Ave		24C. DATE SIGNED 5-6-1959		
FUNERAL DIRECTOR'S AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 5/7/59		25C. NAME OF CEMETERY OR CREMATORY Maricopa County Cemetery		
	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		26A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		26B. ADDRESS Phoenix, Ariz.		
	28A. DATE REC. BY LOCAL REG. 5/6/59		28B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		28C. EMBALMER'S SIGNATURE Richard C. Manno		
28D. EMBALMER'S CERT. NO. 392-A		28E. EMBALMER'S CERT. NO. 392-A		28F. EMBALMER'S CERT. NO. 392-A			